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Clinical Research & National Survey Reveals Back Pain Is Breaking Australians Mentally, Physically & Financially

National Spinal Health Month: A Healthy Spine Supports A Healthy Mind

TODAY, the Australian Chiropractors Association (ACA) launched *National Spinal Health Month* (1-30 June) with the theme, “*A healthy spine supports a healthy mind*” to minimise the occurrence of back pain and the impact chronic back pain has on the mental health of Australians of all ages.

ACA President Dr Billy Chow said, “The coexistence of back pain and mental health conditions is associated with impaired quality of life, while the increased risk of developing chronic musculoskeletal disorders (MSDs) poses a significant financial burden on sufferers particularly as the cost-of-living bites.

“While chronic back pain can lead to developing psychological and social problems, depressive symptoms can worsen back pain and increase the disability associated with the condition, which in turn can exacerbate back pain’s negative impact on the mental health of sufferers,” Dr Chow said.

In launching its month-long Spinal Health Month campaign, ACA has released Australia’s first clinical research study that explored the feasibility and acceptability of adding an online, psychologically informed pain management program to the usual healthcare provided by chiropractic musculoskeletal clinicians.

The clinical research study funded by ACA and conducted out of CQUniversity in conjunction with Macquarie University’s MindSpot digital psychological care program was conducted by Dr David McNaughton (PhD Psychology), a chiropractor, clinician, academic, Senior Lecturer at CQUniversity and ACA member.

The study, “***Adding an online psychologically informed pain management program to routine musculoskeletal care in Australia: A feasibility study***,” examined how the mind and body communicate when integrating therapies for psychology and physical health.

Dr McNaughton said, “The results are encouraging showing that in applying the biopsychosocial model focussed on the relationship between spinal health, chronic pain and the psychological impact pain has on a person’s mental health, we can help mitigate the impact MSDs have on both physical and mental health.”

Underpinning the significance of Dr McNaughton’s findings, today, the ACA also released new data from an independent national public survey by global research company *Pureprofile*, *Back Pain In Australia: The Impact on Mental, Physical & Financial Health*, demonstrating a concerning increase in back pain, the mental health consequences for sufferers and how the cost-of-living is preventing patients from seeking medical treatment.

The survey found 87.1% of Australian adult respondents (n1040) experienced back pain within the past 12 months with almost three quarters (69%) reporting it impacted their mental health, and nearly half (45.9%) reporting moderate to extreme impact.

In the past two years, chronic pain has surged 22% with the proportion of back pain sufferers with chronic pain (lasting more than three months) increasing from 30% in 2024 to 44.1% in 2026, while the rising cost of living continues to heavily impact households, driving widespread cost-cutting including for healthcare.

44% of back pain sufferers reported that the cost of living has prevented them from seeking treatment from a healthcare professional with GP visits down 14%; physiotherapy down 23%; and chiropractic down 19% since 2024; while the use of over-the-counter (OTC) pain medications to treat their pain has risen substantially.

85% of sufferers reported using OTC pain medication for back pain - up from 81% in 2024, while 61% reported using prescription medication. 49% have never sought a medical diagnosis for their back pain.

Of concern is that 1 in 10 back pain sufferers reported taking OTCs daily despite established clinical evidence by the University of Sydney that found paracetamol is no more effective than placebo for low back pain, and the WHO guidelines (2023) recommending medication only as an adjunct to active treatment, not as a primary or long-term intervention.

Significantly, over this past year, 52% of back pain sufferers reported that back pain added to their mental load with women hardest hit reporting higher chronic back pain and that they were more likely to experience mental health consequences, while 55% reported it added to their mental load, and 28% said they were more likely than men to avoid treatment due to cost.

6.1 million Australians are already affected by MSDs, of which 58% are of working age in peak income-earning years (25-64 years) with the annual cost to the Australian economy \$55.1 billion including direct health costs, lost productivity and reduced quality of life (Deloitte).

The survey found 28.5% (almost one third) of peak working age Australians who suffer low back pain required time off work or were no longer able to work due to their back pain.

Dr McNaughton said, “With MSD cases including back pain projected to increase by 43% over the next two decades including a surge in older Australians living with MSD conditions, research that supports psychologically informed pain management in addition to clinical musculoskeletal healthcare is vital in minimising the overall burden of MSDs on Australians’ health and wellbeing and the economy.

Dr McNaughton’s study is the first to assess the integration of clinical treatment of MSDs and online psychological pain management programs to minimise the physical and emotional impact chronic musculoskeletal pain has on the overall health and wellbeing of sufferers.

“By integrating clinical chiropractic treatments with psychologically informed pain management in a biopsychosocial model, we can help minimise the overarching impact MSD pain (including back pain) has on sufferers,” Dr McNaughton said

The study recruited 26 musculoskeletal clinicians (19 chiropractors, 73%) to evaluate their attitudes and perspectives on the psychologically informed pain management program and to invite patients undergoing musculoskeletal healthcare to participate in an online pain management program.

In addition to traditional musculoskeletal treatment, the *MindSpot Pain Course*, a well-established, data-driven psychologically informed pain management program offering strong data validation in pain-related disability, anxiety, and depression for thousands of participants, was selected as the online mental health service.

The *MindSpot Pain Course* based on cognitive and behavioural principles suitable for people with a range of persistent pain conditions and pain-related difficulties comprises five online “lessons” (or modules) and associated practice exercises released over eight weeks.

Of the 60 patients with persistent musculoskeletal pain that participated, 40 (66%) completed an initial online psychological assessment; 29 (48%) went on to enrol in the MindSpot Pain Course; 22 (36%) completed the program while undergoing their usual treatments by their musculoskeletal clinician; 76% completed the MindSpot Pain Course; and 42 (70%) of the 60 patients completed the follow up questionnaire at 4 months.

Patients who completed the MindSpot Pain Course consistently reported positive experiences around course process, course experiences and found the program beneficial, acceptable and useful in helping to manage their chronic musculoskeletal pain and psychological symptoms in conjunction with chiropractic treatment.

“The results of the study are promising with all psychological and musculoskeletal pain-related outcomes of patients appearing to improve across all participants, with patients reporting that the referral by their trusted clinician was critical to their participation and completion of the MindSpot Pain Course, particularly among patients who had not been previously exposed to psychological therapy,” said Dr McNaughton.

To minimise the long-term implications of MSDs including back pain, sufferers should seek drug-free, chiropractic healthcare to treat the cause, not just the symptoms to inhibit the risk of chronic pain and mitigate negative secondary implications including the impact chronic pain has on mental health and overall wellbeing.

– ENDS –

NOTE: Please see page 3 for media contacts and detailed Journalist Notes on the study and survey.

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IMAGES, VISION OR GRAPHICS, DATA, VISIT MEDIA CENTRE: <https://bit.ly/SHM26-Media>



SPINAL HEALTH MONTH 2026 - BACKGROUND INFORMATION

NATIONAL SPINAL HEALTH MONTH 2026 – “A healthy spine supports a healthy mind!”

National Spinal Health Month (1-30 June 2026) is the initiative of the Australian Chiropractors Association (ACA) to mark the 30th anniversary of Australia’s longest running, and award-winning national health awareness campaign dedicated to improving the spinal health of Australians of all ages. Annually, the national campaign focusses on a specific spinal health issue while promoting the importance of maintaining good spinal health to improve overall health and wellbeing. In 2026, the campaign focusses on preventing back pain and its associated secondary implications including mental ill-health. ACA is encouraging individuals, the community, businesses and organisations to participate by registering at www.spinalhealth.org.au

THE AUSTRALIAN CHIROPRACTORS ASSOCIATION

Established in 1938, the Australian Chiropractors Association (ACA) is the peak body representing chiropractors. The ACA promotes the importance of maintaining spinal health to improve musculoskeletal health through non-invasive, drug-free spinal health and lifestyle advice to help Australians of all ages lead and maintain healthy lives.

The premier association for chiropractic healthcare in Australia with over 3,000 members, the ACA is Australia’s largest chiropractic health body and has taken a leadership role in promoting the importance of maintaining a healthy spine to improve the overall health and wellbeing of every Australian. ACA develops and promotes professional standards for chiropractors and actively promotes the importance of spinal health through its annual flagship campaign, national Spinal Health Month. Every week 400,000 chiropractic healthcare consultations are creating well-adjusted Australians playing an important role in improving the spinal health of everyday Australians.

ACA’S INVESTMENT IN CHIROPRACTIC HEALTHCARE

As a leader in musculoskeletal health, ACA has invested over \$2.4 million to advance research in building evidence-based practice for chiropractic healthcare and promotes the importance of maintaining spinal health through National Spinal Health Month - Australia’s longest running and award-winning health awareness campaign dedicated to improving the spinal health of Australians of all ages.

DRUG-FREE CHIROPRACTIC HEALTHCARE TREATS THE CAUSE, NOT JUST THE SYMPTOMS

ACA chiropractors are 5-year university educated healthcare professionals who effectively treat a wide range of musculoskeletal disorders including the causes of back pain and a range of spinal health conditions. ACA chiropractors use specialised drug-free, evidence-based, non-surgical techniques including specific spinal adjustments to manage spinal health. They apply low-force intervention and use various manual therapies including soft tissue techniques while assessing lifestyle factors and providing relaxation methods to reduce reliance on medication and minimise stress caused by spine-related pain. By treating the cause of pain and not just the symptoms, chiropractic healthcare improves the overall health and wellbeing of Australians.

DR DAVID MCNAUGHTON

Dr David McNaughton (PhD Psychology) is a clinician academic, chiropractor, and Senior Lecturer at CQUniversity, where he teaches and researches at the intersection of musculoskeletal health, psychology, and healthcare innovation. Alongside academia, David directs a multidisciplinary allied health practice, bringing real world clinical insight to his work. His research focuses on pain, mental health, burnout, and integrating psychologically informed care into musculoskeletal practice, with a strong passion for advancing person centred healthcare.

DR DAVID MCNAUGHTON’S ACADEMIC RESEARCH INTERESTS

Dr McNaughton is a chiropractor with a masters and PhD in psychology. Dr McNaughton’s research, **“Adding an online psychologically informed pain management program to routine musculoskeletal care in Australia: A feasibility study”** examined how the mind and body communicate when integrating therapies for psychology and physical health. The study linking the clinical care of MSDs and musculoskeletal pain management through online psychological therapies in applying the biopsychosocial model, stemmed from his academic interests and the relationship between spinal health, chronic pain and the psychological impact pain has on a person’s mental health.

MUSCULOSKELETAL PAIN & THE BIOPSYCHOSOCIAL MODEL OF CARE

The coexistence of musculoskeletal disorders (MSDs) including back pain and mental health conditions is associated with impaired quality of life, while the increased risk of developing a chronic MSD condition also poses a significant ongoing financial burden on sufferers and the economy. Clinically addressing musculoskeletal pain management and improving related mental health conditions through applying the biopsychosocial model of care can help minimise the impact of MSDs on Australians. Research that supports psychologically informed pain management in addition to clinical musculoskeletal healthcare is vital in minimising the overall burden of MSDs on Australians.

THE HEALTH BURDEN OF MUSCULOSKELETAL DISORDERS ON AUSTRALIANS

- Annually, musculoskeletal disorders (MSDs) cost the Australian economy \$55.1 billion in direct health costs, lost productivity and reduced quality of life (MA, 2020-21).
- Back pain is usually the result of a MSD.
- MSDs account for the greatest proportion of persistent pain conditions (WHO, 2019).
- Almost 1 in 3 (29%) Australians had a musculoskeletal disorder in 2017–18, around 7 million people according to the Australian Institute of Health and Welfare (AIHW, 2019).
- MSDs significantly limit mobility and dexterity that leads to early retirement, reduced socio-economic circumstances and limits the ability to participate in social activities causing isolation.
- MSDs are the second largest contributor to disability worldwide, with low back pain being the single leading cause of disability globally (MA, 2020-2021).
- Chiropractic healthcare plays a central role in the management of MSDs.
- The link between MSDs, specifically back pain and depression is well documented in research studies. The *International Association for the Study of Pain* (2021) found people living with chronic back pain are at heightened risk of experiencing mental health problems with psychological and social factors not only affecting back pain itself, but also how much the pain impacts one's life.
- There is a dire need to improve spinal health to prevent and minimise the impact of MSDs on both the physical and mental health of sufferers.

INTERNET-DELIVERED PSYCHOLOGICAL INTERVENTIONS

- Internet-delivered psychological interventions have become increasingly popular.
- When provided with guidance and support from a clinician, these interventions are shown to be comparably effective to traditional face-to-face therapy.
- A validated and publicly available online psychologically informed pain management program is the Pain Course, delivered via MindSpot, Australia's national digital psychology service.
- The course has consistently demonstrated improvements in pain-related disability, anxiety, and depression over control conditions.
- Professor Blake Dear is the Co-Director eCentreClinic academics that produce the mental health interventions deployed by MindSpot which is based at Macquarie University.

WHAT IS THE BIOPSYCHOSOCIAL (BPS) MODEL OF CARE?

The biopsychosocial (BPS) model of care is a holistic framework for understanding health and illness. It argues that diseases and well-being are shaped by a complex, interacting triad of dimensions rather than biology alone. Incorporating biological, psychological and social aspects of patient care, it suggests these three systems continuously influence each other enabling healthcare providers to tailor more effective, personalized treatments rather than purely "reductionist" (body-only) medical approaches.

ABOUT MINDSPOT - Link: <https://mindspot.org.au/about-mindspot>

MindSpot has provided free mental health services to adults across Australia since 2012 via online or telephone services including confidential psychological assessments and clinically-proven treatments. MindSpot treatment courses help people manage different symptoms. Their FREE treatment courses have been carefully evaluated in clinical trials conducted at Macquarie University. These courses are designed for people who would like to follow a structured approach to recovery from depression, anxiety and stress and have been used by more than 50,000 Australians.

MINDSPOT ONLINE PAIN COURSE - Link: <https://mindspot.org.au/treatments/pain-course>

As part of the MindSpot online treatment courses, the Pain Course provides sufferers of chronic pain with skills to manage the impact pain has on sufferers day-to-day life and emotional wellbeing. MindSpot's Pain Course is an eight-week online psychological program designed to help people manage chronic pain and its impacts. Combining the latest research in pain management and teaching practical, actionable and proven strategies, this course helps people to effectively manage their pain and its impacts.

A SNAPSHOT OF DR McNAUGHTON'S RESEARCH STUDY

“Adding an online psychologically informed pain management program to routine musculoskeletal care in Australia: A feasibility study”

Dr McNaughton's study funded by the Australian Chiropractors Association, which was conducted out of CQUniversity and Macquarie University's MindSpot's free digital psychological care program is the first to have assessed the integration of online psychological pain management programs (such as the *MindSpot Pain Course*), in primary musculoskeletal healthcare.

Ethical approval for this study was obtained from CQUniversity University Human Research Ethics Committee (24916) and pre-registered on the Australian and New Zealand Clinical Trials Registry ACTRN12624000649516.

STUDY AIM

- ⦿ The study aimed to explore the feasibility and acceptability of adding an online, psychologically informed pain management program to the usual healthcare provided by musculoskeletal clinicians.

EVALUATION

- ⦿ The perspectives of both the clinicians and patients was explored through semi-structured interviews.
- ⦿ Results were determined through qualitative analysis using a reflexive thematic approach with themes mapped to the Theoretical Domains Framework.

STUDY TIMELINE

- ⦿ The study commenced in October/November 2024.
- ⦿ Data collection was undertaken over a 12 month period.
- ⦿ The study has been submitted to *Musculoskeletal Science and Practice* for publication.

RECRUITMENT OF MUSCULOSKELETAL CLINICIANS

- ⦿ 26 musculoskeletal clinicians were recruited (19 chiropractors, 73%) in the study in November 2024 and April 2025.
- ⦿ The purpose of recruiting musculoskeletal clinicians was to evaluate their attitudes and perspectives on the psychologically informed pain management program and to invite patient participation.
- ⦿ The musculoskeletal clinicians were initially provided brochures, dedicated referral material and an overview of the study to encourage patient participation in the study.

ONLINE MINDSPOT PAIN COURSE

- ⦿ MindSpot was selected to provide a psychologically informed pain management program for the study, the *“MindSpot Pain Course”*.
- ⦿ The MindSpot Pain Course is a well-established, data driven Pain Course offering strong data validation that has consistently demonstrated improvements in pain-related disability, anxiety, and depression for thousands of participants.
- ⦿ The online Pain Course was based on cognitive and behavioural principles suitable for people with a range of persistent pain conditions and pain-related difficulties.
- ⦿ The Pain Course comprises five online “lessons” (or modules) and associated practice exercises released over eight weeks.

Pain Course Duration: 8 weeks

Format: Online, self-paced with optional weekly therapist check-ins.

Support: Regular guidance from specially trained mental health professionals.

Who it's for: Anyone struggling with chronic pain who is looking for a comprehensive approach to managing both the physical and emotional impacts of chronic pain.

How to start: Complete the free, online psychological assessment to enrol.

MUSCULOSKELETAL PATIENT ELIGIBILITY & RECRUITMENT

- ⦿ Participating musculoskeletal clinicians recruited patients with persistent (chronic) musculoskeletal pain to complete the MindSpot Pain Course, with a qualitative investigation of clinician and patient barriers, to enable this model of care.
- ⦿ To participate, patients seeking musculoskeletal healthcare from a musculoskeletal clinician must have:
 - experienced musculoskeletal pain for more than six months;

- experienced persistent musculoskeletal pain of any location and medium-high risk on the Keel StarT MSK tool;
- experienced mental health or functional difficulties associated with their symptoms, expressed as medium or high risk on the STarT MSK tool;
- be aged 18 years or older;
- have regular access to a computer and the internet;
- be able to read and understand English;
- not be at immediate risk of suicide;
- not be receiving psychological treatment for their pain from a psychologist for the study duration; and,
- not be experiencing pain due to serious pathology.

PATIENT SCREENING, RECRUITMENT & PARTICIPATION

Patients who enrolled in the online MindSpot Pain Course tended to have slightly worse psychological and pain-related profiles including greater pain disability, depressive and anxiety symptoms, pain catastrophising, and lower pain self-efficacy. They were also more likely to report a history of depression.

The patient participants' mean age was 53 years and was predominantly female (73%).

- 168 patients were initially screened according to the pre-determined selection criteria by participating clinicians.
- 60 patients with persistent musculoskeletal pain were recruited into the study.
- 40 (66%) patients completed an initial online psychological assessment.
- 29 (48%) patients enrolled in the MindSpot Pain Course.
- 22 (36%) patients completed the program while undergoing usual treatments by their musculoskeletal clinician.
- 76% of participating patients completed the MindSpot Pain Course.
- 42 (70%) of the 60 recruited patients completed the follow-up questionnaire at 4 months.

RESULTS

At follow up, all psychological and musculoskeletal pain-related outcomes of patients appeared to improve across all participants.

- 15 (68%) of the 22 participants that completed the online MindSpot Pain Course reported being either *satisfied* or *very satisfied* and 20 (90%) reported they would recommend the program to others. No adverse events were reported.
- Patients reported that the referral by their trusted clinician was critical to their participation and completion of the MindSpot Pain Course, particularly among patients who had not been previously exposed to psychological therapy.
- The patients who participated in the feasibility study and completed the MindSpot Pain Course consistently reported positive experiences around course process, course experiences and that it had helped them.
- Patients who completed the Pain Course found the program beneficial, acceptable and useful in managing their pain and psychological symptoms.

BARRIERS TO PATIENT PARTICIPATION

Not all patients who enrolled in the feasibility study wished to participate in or complete the MindSpot Pain Course.

- In some cases the lack of participation may have been due to the societal mental health stigma, or the patients and clinicians may have limited understanding of a psychologically informed approach for sufferers of persistent musculoskeletal pain.
- The study identified that some clinicians may be unclear about the benefits of referring patients experiencing chronic musculoskeletal pain for supplementary mental health treatment to assist with pain management in addition to treatment for the physical disorders of musculoskeletal conditions.

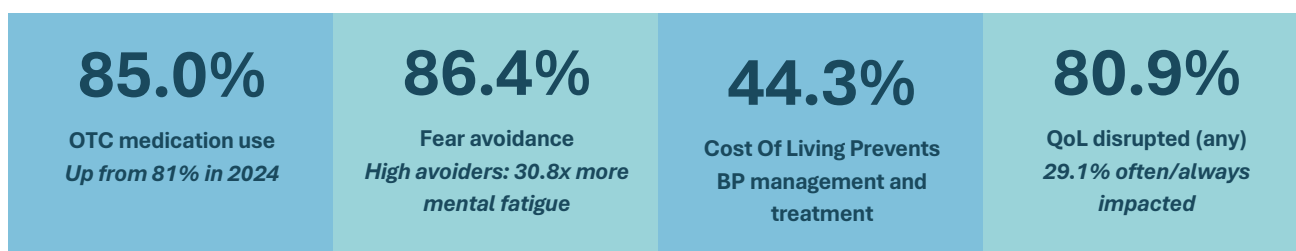
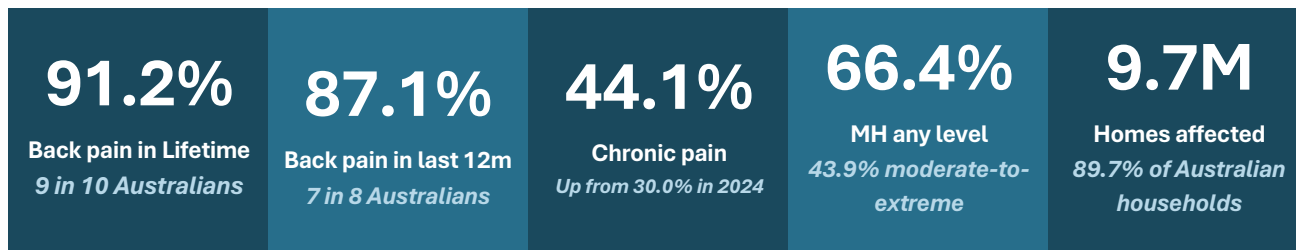
CONCLUSION

- The results of the feasibility study suggests that a digitally supported, psychologically informed model of integrated patient care is feasible and acceptable within routine musculoskeletal practice.
- Musculoskeletal clinicians can screen, recruit and invite patients with persistent musculoskeletal pain to enrol in the MindSpot Pain Course in addition to the usual musculoskeletal clinical healthcare.
- While this model of primary musculoskeletal healthcare is promising, further large-scale research is required to establish clinical effectiveness, cost-effectiveness and the implementation strategies needed for sustainable adoption at scale.

BACK PAIN IN AUSTRALIA: THE IMPACT ON PHYSICAL, MENTAL & FINANCIAL HEALTH – A NATIONAL CONSUMER SURVEY: OVERVIEW

1. National Independent Consumer Survey | n=1,040 Australian adults | Pureprofile, May 2026
2. National Member Survey | n=110 Members – 75% with 11+ Years clinical experience | ACA, May 2026

Download complete report for comprehensive data and analysis: <https://bit.ly/Back-Pain-Australia-2026>



1. MENTAL HEALTH IMPACT OF BACK PAIN

- 66.4% of back pain sufferers report some level of mental health impact; 43.9% report a moderate, significant or extreme impact.
- 80.9% experience at least some quality of life disruption; 29.1% report their quality of life is affected often or always.
- 72.4% experience some degree of mental fatigue; 26.1% experience it often or always.
- 49.7% say managing back pain adds to their day-to-day mental burden.
- Year-on-year changes (2024–2026): difficulty concentrating **+6.7pp**, reduced mobility **+5.3pp**, mental exhaustion **+4.3pp**, MH and wellbeing impact **+3.0pp**.
- Active sufferers (last 12m): MH moderate+ rises to **45.9%**, mental fatigue often/always to **27.3%**, daily mental load to **52.0%**.
- ACA MEMBER – BACK PAIN PRESENTATIONS IN CLINICAL PRACTICE DATA:**
 - 74% of chiropractors estimate 26%+ of their back pain patients experience poor mental health or increased stress from back pain.
 - For female patients specifically, 54% of chiropractors see the majority (51%+) affected.

2. CHRONIC PAIN PREVALENCE: 2024 TO 2026 COMPARISON

- Chronic pain (3+ months) among back pain sufferers rose from **30.0%** in 2024 to **44.1%** in 2026 - a 14.1 percentage point increase across two years.
- Chronic pain rates by group: seniors **48.3%**, women **46.5%**, men **41.6%**.
- Among back pain sufferers with a sedentary outside-work lifestyle, **57.3%** have chronic pain - **13.2pp** above the national average of 44.1%.
- 22.7%** of low back pain sufferers report their condition has fully resolved. The senior resolution rate is **16.5%**.
- Active sufferers (last 12m): chronic pain rises to **46.1%** overall; **50.6%** of active seniors.
- ACA MEMBER – BACK PAIN PRESENTATIONS IN CLINICAL PRACTICE DATA:**
 - 62% of chiropractors identify chronic pain syndrome (>3 months) as among the most prevalent presentations in practice - the most commonly cited complaint, ahead of age-related degeneration (57%) and postural conditions (55%).

3. COST OF LIVING: BARRIER TO BACK PAIN TREATMENT

- ⦿ **44.3%** of back pain sufferers say cost of living has prevented them seeking treatment from a healthcare professional.
- ⦿ Consultation rates across all professional disciplines declined between 2024 and 2026: GP visits **-14.4%**, physiotherapy **-23.1%**, chiropractic **-19.4%**.
- ⦿ **49.6%** of all respondents say cost of living has impacted their decision to consult a chiropractor.
- ⦿ Women are more likely than men to report a cost barrier: **49.7% of women** vs **38.8% of men** for BP treatment; **54.7% of women** vs 44.3% of men for chiropractic specifically.
- ⦿ **ACA MEMBER – BACK PAIN PRESENTATIONS IN CLINICAL PRACTICE DATA:**
 - **67% of chiropractors report cost of living is moderately or significantly impacting** patient attendance; 43% are seeing fewer back pain patients as a result. Patients are attending less frequently (63%), spacing appointments (58%) and delaying or cancelling care (52%).
 - 50% of chiropractors identify financial constraints as their single biggest clinical challenge in treating back pain.

4. GENDER DIFFERENCES IN BACK PAIN BURDEN

- ⦿ Men report slightly higher lifetime back pain prevalence (**92.4%**) than women (**90.0%**). Women report higher chronic pain: **46.5%** vs **41.6% of men**.
- ⦿ Mental health impact:
 - **45.9% of women** report moderate-to-extreme vs **41.9% of men**.
 - **52.8% of women** say back pain adds to their daily mental load vs **46.5% of men**.
- ⦿ Women report higher rates than men across key psychological measures:
 - Mental exhaustion **+68.4%** higher, lost sleep **+43.2%** higher, depression or feeling low **+42.1%** higher.
 - Quality of life disruption (often/always) is near-identical: women **29.1%**, men **29.2%**.
- ⦿ Women are less likely to have sought a clinical diagnosis: **53.7% of women** with back pain have not sought one, compared with **47.8% of men**.
- ⦿ Men's OTC medication use increased slightly +1.1 points while their GP consultation rate declined **-21.9%** over the same period.
- ⦿ Depression or anxiety from back pain peaks in the 51–60 age group at **14.0%** overall and **17.1%** among women in that decade.
- ⦿ Active sufferers (last 12m): women MH moderate+ rises to **47.6%**, chronic to **48.3%**, daily mental load to **54.8%**.
- ⦿ **ACA MEMBER – BACK PAIN PRESENTATIONS IN CLINICAL PRACTICE DATA:**
 - 50% of chiropractors report upper back pain more commonly affects women patients; 34% say the same for mid back pain.

5. FEAR AVOIDANCE BEHAVIOUR: PREVALENCE AND HEALTH OUTCOMES

- ⦿ **86.4%** of low back pain sufferers report at least one fear avoidance behaviour (restricting or avoiding movement, or ignoring symptoms, due to fear of pain or re-injury) - 745 of 862 LBP respondents.
- ⦿ Outcomes among those with high fear avoidance vs no avoidance behaviour: mental fatigue **30.8×** higher, quality of life impacted **13.4×** higher, anxiety **12.0×** higher, depression or anxiety **11.5×** higher.
- ⦿ **8.6%** of those with high fear avoidance maintain normal activity levels, compared with **55.6%** of those with no avoidance behaviour.
- ⦿ Fear avoidance rates are near-identical for women (**86.0%**) and men (**86.9%**).
- ⦿ **ACA MEMBER – BACK PAIN PRESENTATIONS IN CLINICAL PRACTICE DATA:**
 - 65% of chiropractors estimate 26%+ of their patients demonstrate fear avoidance behaviour.
 - For seniors specifically, 55% of chiropractors see the majority of their senior patients exhibiting fear avoidance - the highest of any age group.

6. PAIN MEDICATION USE: PATTERNS AND CLINICAL EVIDENCE

- ⦿ **85.0%** of low back pain sufferers use over-the-counter pain medication - up from 81.0% in 2024. **10.8%** use it daily. **60.9%** use prescription medication; **8.8%** daily.
- ⦿ **37.9%** use OTC medication weekly or more; one in four (**27.7%**) use prescription medication at the same rate.
- ⦿ Seniors report the highest daily rates: **15.7%** OTC daily, **14.7%** prescription daily.
- ⦿ The University of Sydney's OPAL trial (**The Lancet, 2023**) found paracetamol no more effective than placebo for low back pain. The **WHO's 2023 guidelines** recommend non-pharmacological approaches and advise against routine medication as a primary or long-term response.
- ⦿ **ACA MEMBER – BACK PAIN PRESENTATIONS IN CLINICAL PRACTICE DATA:**
 - Over-reliance on passive treatments is identified as a clinical challenge by 26% of chiropractors.
 - Exercise rehabilitation (72%) and ergonomic assessment (67%) are among the most widely used treatment modalities.

7. BACK PAIN PREVALENCE, HOUSEHOLD BURDEN AND YEAR-ON-YEAR CHANGES

- ⦿ **91.2%** of Australians surveyed have experienced back pain in their lifetime; **87.1%** in the past 12 months.
- ⦿ Back pain affects **9.7 million Australian households** (89.7% of all homes). **5.4%** of households include a child under 18 with back pain.
- ⦿ Year-on-year changes between 2024 and 2026: chronic pain **+14.1pp**, difficulty concentrating **+6.7pp**, reduced mobility **+5.3pp**, mental exhaustion **+4.3pp**, OTC medication use **+5.4pp**.
- ⦿ Non-specific back pain records the highest mental health impact (**43.0% moderate+**) of the seven conditions surveyed (Low back, mid back, upper back, non-specific, disc/nerve damage, muscle strain/sprain and neck pain) and the highest prevalence in 18–24 year-olds (**60.6%**).
- ⦿ **ACA MEMBER – BACK PAIN PRESENTATIONS IN CLINICAL PRACTICE DATA:**
 - Low back pain is ranked the most prevalent condition by 58% of chiropractors (top 3 by 83%).
 - Chiropractors see back pain across all age groups, including children (67% of practices).
 - Peak clinical presentation is in the 31–50 age bracket (78% of practices).
 - Triggers: Prolonged sitting is the most widely cited patient trigger (78% of chiropractors), followed by device use (77%) and lifting and poor posture (76%).

8. GEOGRAPHIC VARIATION: STATES, TERRITORIES AND METRO/REGIONAL

- ⦿ Regional Australians report higher back pain prevalence than metropolitan Australians (**93.5% vs 89.8%**), higher chronic pain (**43.5% vs 38.3%** - a 5.2pp gap), and double the depression and anxiety rate (**13.6% vs 6.8%**) from back pain.
- ⦿ Cost barriers to chiropractic are higher in regional areas (**53.4%**) than metropolitan areas (**47.3%**).
- ⦿ South Australia records the highest depression and anxiety rate at **21.1% of SA back pain sufferers** - more than double the national average (10.2%) and substantially above Victoria (**6.1%**).
- ⦿ Western Australia records the highest chronic pain rate among the major states (**47.2%**). Queensland records the **highest** mental load (**51.5%** of QLD back pain sufferers) and the highest east-coast chiropractic consultation rate (**46.2%**).
- ⦿ **ACA MEMBER – BACK PAIN PRESENTATIONS IN CLINICAL PRACTICE DATA:**
 - 45% of the ACA member survey sample practises in regional Australia. Regional practitioners confirm access to care is among the top clinical challenges in their practice.

9. BACK PAIN AND THE WORKFORCE: PREVALENCE, PRODUCTIVITY & COMPENSATION

PREVALENCE AND MENTAL HEALTH AMONG EMPLOYED AUSTRALIANS

- 62.0% of all survey respondents are employed. Of these, **92.9%** report experiencing back pain during their lifetime - slightly above the 91.2% national average - and **89.8%** experienced back pain in the last 12 months.
- Workers with back pain report higher mental health impact than the general back pain population: 49.7% of employed workers** report moderate-to-extreme MH impact, compared with 43.9% nationally - a **5.8pp** (13.2% relative) elevation. This applies to both women workers (**51.5%**) and men workers (**48.3%**).
- 72.6% of workers with back pain report any level of mental health impact - **6.2pp above** the national back pain average of 66.4%.
- Among those aged 25–60 in peak income-earning years, **92.2%** have back pain. This group also carries the highest worker MH burden, with **49.1%** reporting moderate-to-extreme impact.

PRODUCTIVITY AND CAPACITY IMPACTS

- Among peak working-age Australians (25–60) with low back pain, in the last 12 months **28.5%** required time off work or are no longer able to work due to their back pain.
- 21.7%** of workers with back pain report that their productivity has been impacted; **14.5%** report impaired ability to work. **40.4%** say back pain impacts their work sometimes or more.
- 6.8%** of employed workers with back pain have changed profession as a result; **4.0%** have stopped working permanently.
- Musculoskeletal disorders, led by back pain, affect **6.1 million Australians** and cost the economy **\$55.1 billion annually** (Deloitte) in healthcare, lost productivity and reduced quality of life. **58%** of those affected are in peak working years (25–64).

WORK ENVIRONMENT AND TRIGGERS

- 75%** of workers with back pain involve computer or desk work in their role. This group records a **44.8% chronic pain rate** and **44.6% MH moderate+** impact.
- Physical workers who lift carry a **49.4% chronic pain rate** and **55.5% MH moderate+** - among the highest of all activity types. Standing work records the highest chronic rate at **55.4%**.
- Shift workers show measurably worse outcomes than day workers: **5.7pp higher** chronic pain and **3.7pp higher** MH impact. Workers in mixed shift/day roles fare worst on both measures.
- Work-related causes of back pain cited by respondents: desk work (**26.4%**), computer use at work (**22.7%**), poor ergonomics or workstation setup (**12.3%**), workplace injury (**7.9%**).

WORKERS COMPENSATION

- 21.0%** of employed workers with back pain have filed at least one workers compensation claim. Across all back pain sufferers, **15.9%** have lodged a WC claim.
- Low back pain is the most commonly compensated condition: **11.8%** of all back pain sufferers have an LBP workers compensation claim, of which **31.2%** were classified as serious injuries.

ACA MEMBERS: BACK PAIN PRESENTATIONS IN CLINICAL PRACTICE DATA:

- 47% of chiropractors have back pain patients on workers compensation leave, with Construction & Trades the highest-burden industry (64.0% MH moderate+, 60.0% chronic pain among BP sufferers).
- Financial constraints are cited as the single biggest clinical challenge by 50% of chiropractors - directly affecting their capacity to deliver timely care to injured workers.

10. CLINICAL CARE: DIAGNOSIS, ATTENDANCE AND CHIROPRACTIC OUTCOMES

DIAGNOSIS

- Less than half of all back pain sufferers (**49.3%**) have had their condition formally diagnosed by a healthcare professional. **50.7%** have never sought or received a medical diagnosis.
- The diagnosis gap is largest among women: **53.7% of women** with back pain have not sought a diagnosis, compared with **47.8% of men**. Seniors are the most likely group to have been diagnosed (**54.0%**), reflecting longer pain histories and greater healthcare engagement over time.

HEALTHCARE PROFESSIONAL ATTENDANCE

- Among BP sufferers who sought professional care, GPs were the most commonly consulted practitioner (**41.5%**), followed by physiotherapists (**26.9%**), exercise physiologists (**12.0%**), remedial massage therapists (**11.5%**) and chiropractors (**21.6%**).
- 22.7%** of back pain sufferers (one in five) did not consult any healthcare professional for their condition.
- Every professional discipline with comparable 2024 data recorded a decline in consultation between 2024 and 2026: GP **-14.4%**, physiotherapy **-23.1%**, chiropractic **-19.4%**, orthopaedic specialist **-32.6%**, emergency department **-27.3%**.
- The gender disparity in GP attendance is marked: men's GP visits fell **-21.9%** between 2024 and 2026, compared with **-7.5%** for women. Physiotherapy declined similarly for both genders (approximately **-23%**).

CHIROPRACTIC CONSULTATION AND OUTCOMES

- 43.0%** of all Australians surveyed have consulted a chiropractor. Seniors have the highest lifetime consultation rate at **49.8%**. Women and men consult at broadly similar rates (43.8% vs 42.2%).
- Among those who have consulted a chiropractor (n=447), **76.0%** report some degree of overall improvement. Among the 401 who consulted specifically for back pain, **77.3%** reported improvement. **39.2%** significantly improved or totally resolved their back pain; **13.4%** reported total resolution.
- 10.1%** of those who consulted for back pain reported additional mental health and wellbeing benefits beyond pain relief.
- Cost of living is reducing chiropractic access: **49.6%** of all Australians and **54.7% of women** say cost has impacted their decision to consult a chiropractor. **15.0%** of those who had been consulting a chiropractor report attending less frequently due to cost pressures.

ACA MEMBERS:

- 78% of chiropractors use HVLA adjustment often or always; 74% low force technique; 72% exercise rehabilitation; 67% ergonomic assessment. These modalities align directly with the biopsychosocial and non-pharmacological approach recommended in the WHO's 2023 chronic low back pain guidelines.
- ACA chiropractors report that 43% are seeing fewer back pain patients due to cost pressures. Of those still attending, 63% are coming less frequently and 58% are spacing appointments — patterns cons

SUPPLEMENTARY: CHIROPRACTOR CLINICAL INSIGHTS (n=110)

MOST PREVALENT BP PRESENTATIONS	BIGGEST CLINICAL CHALLENGES	TREATMENT MODALITIES (often/always)
62% Chronic pain syndrome (>3 months)	50% Financial constraints	78% HVLA adjustment
57% Age-related / degenerative	41% Reluctance to exercise	74% Low force technique
55% Postural condition	39% Patient compliance	72% Exercise rehabilitation
55% Sedentary behaviour	35% Comorbidities	67% Ergonomic assessment
53% Acute back pain	30% Screen & digital use	
47% Repetitive strain / occupational overuse	29% Work/life balance	KEY PATIENT BP TRIGGERS
44% Stress-related back pain	26% Over-reliance on passive treatments	78% Prolonged sitting
43% Muscle strain / sprain	23% Access to care	77% Device / screen use
42% Deconditioning	20% Recurrence of injuries	76% Lifting and poor posture
16% Fear avoidance / movement behaviour		

Dr Billy Chow – President, Australian Chiropractors Association – National & South Australia

Dr Billy Chow, President of the Australian Chiropractors Association, graduated as a chiropractor from RMIT University in 1998. Since graduating, he has built a varied career in private practice, on boards, and in business. Dr Chow is passionate about educating and inspiring people to make better choices and live healthier lives. He serves as a Lecturer and ACC Program Coordinator (Diploma) at the Australian Chiropractic College, Adelaide, and runs a healthcare business consultancy providing practitioners with personalised business support and mentorship.

Dr David Cahill – Vice President, National & Victoria

ACA Vice President, Dr David Cahill has been a registered, practicing chiropractor since 1991, in the Malvern East area of Melbourne since 1998. He loves helping people of all ages, from newborn babies and toddlers to those in their more senior years. David is very active in post-graduate education, continually upskilling in many aspects of chiropractic. David's passion is to help people have transformative experiences and help the chiropractic profession advance its standing in the Australian community.

Dr Damian Kristof – National & Victoria

Nutritionist, Naturopath and Chiropractor, Dr Damian Kristof is a highly sought-after presenter and speaker in the Wellness industry. With 30 years of experience, Damian's in-depth knowledge of the body, nervous system, food functions and responses coupled with his friendly and dynamic presenting style, has him in high demand. Focusing on food as key to unlocking optimal health and wellness, Damian presents in-depth facts and concepts that have never been readily available to the public - offering all audiences from industry experts to the general public highly valuable content as he engages, educates and inspires audiences across the globe.

Dr Kim Lie Jom – National & NSW

Dr Kim Lie Jom has been a registered and practicing chiropractor in NSW for the past 30 years. His commitment to the wellbeing of his patients extends beyond chiropractic adjustments, as he understands the importance of holistic health for every individual. With a family of three kids of his own, he truly comprehends the value of family wellness. As a respected community leader, Dr Jom has become an integral part of the local community. His reputation extends not only for his exceptional chiropractic skills but also for his dedication to community service. He is a Board Director and proud member of the Australian Chiropractors Association (ACA), showcasing his commitment to the highest standards of professional practice. His involvement in the ACA goes beyond membership – he currently holds several key positions within the organisation, including Public Education, Audit and Risk, the Eastern Regional Committee. He is a dedicated member of the Australian Spinal Research Foundation (ASRF), demonstrating his commitment to advancing chiropractic knowledge and contributing to research in the field. Dr Jom's prominence in the chiropractic community is exemplified by his passion, dedication, and leadership in promoting health and wellbeing for individuals and families alike.

Dr David McNaughton

Dr David McNaughton (PhD Psychology) is a clinician academic, chiropractor, and Senior Lecturer at CQUniversity, where he teaches and researches at the intersection of musculoskeletal health, psychology, and healthcare innovation. Alongside academia, David directs a multidisciplinary allied health practice, bringing real world clinical insight to his work. His research focuses on pain, mental health, burnout, and integrating psychologically informed care into musculoskeletal practice, with a strong passion for advancing person centred healthcare.

Dr Michelle Ronan – Victoria

Michelle has been a registered chiropractor since graduating from RMIT in 2005 and has practiced in the Albert Park area since 2010. Michelle's passion lies in helping people's bodies perform better to allow them to get more out of life, whether that be to enhance sports performance, rehabilitation of chronic conditions, during pregnancy, or to support general health and wellbeing. Michelle loves helping people of all ages and stages of life on their health journey. Michelle previously sat on the Victorian branch of the CAA (now the Australian Chiropractors Association) and is currently completing a Master's through RMIT.

Dr Ashley Dent – Tasmania

Dr Dent graduated from Macquarie University in Sydney in 2010, where he received the Ed Devereaux Award for Services to the Student Body. He is actively involved with the Australian Chiropractors Association (ACA) at both state and national levels, currently chairing the Public Engagement Committee and contributing to two other committees. In 2023, he was recognised with a Meritorious Service Award from the ACA. Dr Dent has a keen passion for helping people improve their long-standing (chronic) back and neck pain and then progressing their spinal health through exercise and rehabilitation so that they are stronger and healthier than they've ever been.

Dr Adam Smith – Queensland

Dr Adam Smith (Chiropractor) has over 22 years of experience in family-based chiropractic care. He has experience working in many communities around Australia and internationally, including regularly serving on committees that guide health policy on a state and

Australian federal level, as well as in the UK. With a special interest in family health and wellness, Dr Smith works with local community groups, charities, workplaces and schools to improve access to chiropractic care for those who want it. He believes that all Australians should have access to quality chiropractic services, so he is currently working with a group that is expanding chiropractic access in regional and rural areas of Australia across six states and territories.

Dr Joshua Tymms – Western Australia

Dr Joshua Tymms is a registered chiropractor with two decades of clinical experience, having graduated from Murdoch University in 2006. Throughout his career, he has worked with a wide range of patients, including elite-level athletes, with a strong focus on structural correction and long-term spinal health outcomes. Josh holds dual Master's degrees in Public Health and Business Administration, equipping him with advanced expertise in health leadership, strategy, and research. He serves as Vice President of the Advanced Bio-Structural Correction Australasia (ABCA), where he leads initiatives to expand the research base supporting structural correction and strengthen the profession's evidence-informed direction. Over the past decade, Josh has held multiple leadership and advocacy roles within the Australian Chiropractors Association, contributing to policy, professional standards, and the future direction of chiropractic in Australia. In addition to his clinical and leadership work, Josh is the founder of Chiro Van, a mobile healthcare service designed to improve access to chiropractic care across the community. He remains committed to helping people move better, feel better, and live more active lives through high-quality, patient-centred care.

Dr Ali Young – Western Australia

Dr Ali Young is a Chiropractor with over 23 years' experience working specifically with families, children and women. She has owned practices and worked in both Western Australia and Queensland, and loves taking care of those children who love that extra jolt of frivolity, playfulness and joy in their healthcare. She is an advocate for Working Mothers, with her book, Work. Mama. Life widely received upon its publication in 2022. She is a mother of two and now works with female chiropractors inside her coaching and membership programs, combining these two great loves with her chiropractic work. She is a sought-after speaker, MC, and strategist for female chiro's wanting to "have it all" – a supercharged practice, a work/life balance and a whole lot of fun. She has written for most major newspapers around Australia, has a podcast "Work Mama Life" with over 20,000 downloads, and is often called upon as an expert for the neurological regulation for working mothers. She has been a chiropractic patient since she was 15 years old and thinks there is no greater gift than providing the support families need to allow their health to shine.

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